

<i>SERFF Tracking Number:</i>	<i>CNAB-125872559</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$300</i>
<i>Company Tracking Number:</i>	<i>08-F3267</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0003 Electronic Data Processing (EDP)</i>
<i>Product Name:</i>	<i>Inland Marine</i>		
<i>Project Name/Number:</i>	<i>Electronic Data Processing Systems Coverage Enhancement /08-F3267</i>		

Filing at a Glance

Companies: Continental Insurance Company, American Casualty Company of Reading PA, National Fire Insurance Company of Hartford, Transportation Insurance Company, Valley Forge Insurance Company, Continental Casualty Company

Product Name: Inland Marine	SERFF Tr Num: CNAB-125872559	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$300
Sub-TOI: 09.0003 Electronic Data Processing (EDP)	Co Tr Num: 08-F3267	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Llyweyia Rawlins, Brittany Yielding
	Author: Roberta Cooper	Disposition Date: 10/29/2008
	Date Submitted: 10/27/2008	Disposition Status: Approved
Effective Date Requested (New): 12/01/2008		Effective Date (New): 12/01/2008
Effective Date Requested (Renewal): 12/01/2008		Effective Date (Renewal): 12/01/2008

State Filing Description:

General Information

Project Name: Electronic Data Processing Systems Coverage Enhancement	Status of Filing in Domicile:
Project Number: 08-F3267	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/29/2008	
State Status Changed: 10/29/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
We are filing the EDP Enhancement Endorsement in order to extend coverage to our Electronic Data Processing Systems Coverage Form	
G-44068-D. This endorsement will allow insured to choose additional coverage on to the Electronic Data Processing Equipment Coverage Form to Restoration of Electronic Data - On Premises and Off Premises, Blanket Limits, and also	

SERFF Tracking Number:	CNAB-125872559	State:	Arkansas
First Filing Company:	Continental Insurance Company, ...	State Tracking Number:	EFT \$300
Company Tracking Number:	08-F3267		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0003 Electronic Data Processing (EDP)
Product Name:	Inland Marine		
Project Name/Number:	Electronic Data Processing Systems Coverage Enhancement /08-F3267		

choose Agreed Value.

Company and Contact

Filing Contact Information

Roberta F. Cooper, State Filing Consultant	roberta.cooper@cna.com
333 S. Wabash	(312) 822-4292 [Phone]
Chicago, IL 60685	(312) 755-2394[FAX]

Filing Company Information

Continental Insurance Company	CoCode: 35289	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance Companies	State ID Number:
Chicago, IL 60604	FEIN Number: 13-5010440	
(312) 822-4292 ext. [Phone]	-----	

American Casualty Company of Reading PA	CoCode: 20427	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance Companies	State ID Number:
Chicago, IL 60604	FEIN Number: 23-0342560	
(312) 822-4292 ext. [Phone]	-----	

National Fire Insurance Company of Hartford	CoCode: 20478	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance Companies	State ID Number:
Chicago, IL 60604	FEIN Number: 06-0464510	
(312) 822-4292 ext. [Phone]	-----	

Transportation Insurance Company	CoCode: 20494	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and

SERFF Tracking Number:	CNAB-125872559	State:	Arkansas
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Casualty

37th Floor Chicago, IL 60604 (312) 822-4292 ext. [Phone]	Group Name: CNA Insurance Companies FEIN Number: 36-1877247 -----	State ID Number:
Valley Forge Insurance Company 333 South Wabash 37th Floor Chicago, IL 60604 (312) 822-4292 ext. [Phone]	CoCode: 20508 Group Code: 218 Group Name: CNA Insurance Companies FEIN Number: 23-1620527 -----	State of Domicile: Pennsylvania Company Type: Property and Casualty State ID Number:
Continental Casualty Company 333 South Wabash Chicago , IL 60604 (312) 822-4292 ext. [Phone]	CoCode: 20443 Group Code: 218 Group Name: CNA Insurance Companies FEIN Number: 36-2114545 -----	State of Domicile: Illinois Company Type: Property and Casualty State ID Number:

SERFF Tracking Number: CNAB-125872559 State: Arkansas
First Filing Company: Continental Insurance Company, ... State Tracking Number: EFT \$300
Company Tracking Number: 08-F3267
TOI: 09.0 Inland Marine Sub-TOI: 09.0003 Electronic Data Processing (EDP)
Product Name: Inland Marine
Project Name/Number: Electronic Data Processing Systems Coverage Enhancement /08-F3267

Filing Fees

Fee Required? Yes
Fee Amount: \$300.00
Retaliatory? No
Fee Explanation: We are filing the required fee of \$50 per company-- we are filing 6 companies
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Insurance Company	\$300.00	10/27/2008	23496866
American Casualty Company of Reading PA	\$0.00	10/27/2008	
National Fire Insurance Company of Hartford	\$0.00	10/27/2008	
Transportation Insurance Company	\$0.00	10/27/2008	
Valley Forge Insurance Company	\$0.00	10/27/2008	
Continental Casualty Company	\$0.00	10/27/2008	

SERFF Tracking Number:	CNAB-125872559	State:	Arkansas
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TOI:	09.0 Inland Marine	Sub-TOI:	09.0003 Electronic Data Processing (EDP)
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/29/2008	10/29/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fee	Note To Filer	Llyweyia Rawlins	10/29/2008	10/29/2008

SERFF Tracking Number:	CNAB-125872559	State:	Arkansas
First Filing Company:	Continental Insurance Company, ...	State Tracking Number:	EFT \$300
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TOI:	09.0 Inland Marine	Sub-TOI:	09.0003 Electronic Data Processing (EDP)
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Disposition

Disposition Date: 10/29/2008
Effective Date (New): 12/01/2008
Effective Date (Renewal): 12/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>CNAB-125872559</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$300</i>
<i>Company Tracking Number:</i>	<i>08-F3267</i>		
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<i>Product Name:</i>	<i>Inland Marine</i>		
<i>Project Name/Number:</i>	<i>Electronic Data Processing Systems Coverage Enhancement /08-F3267</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Electronic Data Processing Systems Coverage Enhancement Endorsement	Approved	Yes

SERFF Tracking Number: *CNAB-125872559* *State:* *Arkansas*
First Filing Company: *Continental Insurance Company, ...* *State Tracking Number:* *EFT \$300*
Company Tracking Number: *08-F3267*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0003 Electronic Data Processing (EDP)*
Product Name: *Inland Marine*
Project Name/Number: *Electronic Data Processing Systems Coverage Enhancement /08-F3267*

Note To Filer

Created By:

Llyweyia Rawlins on 10/29/2008 11:39 AM

Subject:

Filing Fee

Comments:

Hello Roberta

The Arkansas form filing fee is \$50 per filing. It doesn't matter how many companies or forms you have. You will be receiving a refund of \$250 shortly after this filing is approved.

Sincerely,

Llyweyia Rawlins

SERFF Tracking Number:	CNAB-125872559	State:	Arkansas
First Filing Company:	Continental Insurance Company, ...	State Tracking Number:	EFT \$300
Company Tracking Number:	08-F3267		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0003 Electronic Data Processing (EDP)
Product Name:	Inland Marine		
Project Name/Number:	Electronic Data Processing Systems Coverage Enhancement /08-F3267		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Electronic Data Processing Systems Coverage Enhancement Endorsement	G-300578-A	12/08	Endorsement/New Amendment/Conditions		41.40	G-300578-A0001.pdf



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ELECTRONIC DATA PROCESSING SYSTEMS COVERAGE ENHANCEMENT ENDORSEMENT

This endorsement modifies insurance provided under the following:

ELECTRONIC DATA PROCESSING SYSTEMS COVERAGE FORM

SCHEDULE

The following Coverages Options Apply only when indicated by an X:

☐ **Agreed Value**

<input type="checkbox"/> Blanket Limits:	Hardware and Software	\$
	Protection and Control Systems	\$Included
	Communication Systems	\$Included
	Extra Expense	\$

☐ **Restoration of Electronic Data – On Premises** \$250,000

☐ **Restoration of Electronic Data – Off Premises** \$50,000

A. AGREED VALUE

If **AGREED VALUE** is indicated as a Coverage Option, the **ADDITIONAL CONDITION 2. Coinsurance** does not apply

We will determine the value of Covered Property described in the Schedule subject to the following:

1. In the event of a partial "loss," we will not pay more than the least of:
 - a. The amount actually spent to repair or replace the damaged property with equipment of the same kind or quality; or
 - b. If the equipment cannot be replaced with substantially identical equipment, we will pay the cost of replacing equipment with new property capable of performing the same functions; or
 - c. The Limit of Insurance applying to the damaged property.
2. In the event of a total "loss," we will pay the Limit of Insurance applying to the damaged property, shown on the above schedule or on the statement of values on file with us.

3. The Limits of Insurance shown in the Schedule are part of and not in addition to the applicable Limits of Insurance shown on the Declarations or the Statement of Values on file with us.

B. CHANGES TO THE ADDITIONAL COVERAGES

The following change broadens the insurance provided under **Section A.4. Additional Coverages**:

1. Restoration of Electronic Data

- a. If indicated in the Schedule above, you may extend the insurance provided by this Coverage Form to apply to your costs to replace or restore lost or damaged "electronic data" for which duplicates do not exist when such "electronic data" is lost or damaged due to covered loss or damage to the media on which it was stored.

We will also pay for the cost of blank material for reproducing the records (whether or not duplicates exist), and (when there is a duplicate) for the cost of labor to transcribe or copy the records.

To the extent that "electronic data" is not replaced or restored, the loss will be valued at the cost of replacement of the media on which the "electronic data" was stored, with blank media of substantially identical type.

- b. This Additional Coverage applies only to loss or damage to "electronic data":

- (1) At or within 1,000 feet of the described premises;
- (2) At new locations you acquire during the policy period.
- (3) Temporarily at locations you do not own, lease or operate; or
- (4) in transit.

- c. The most we will pay in any one occurrence under this Additional Coverage for your costs to replace or restore lost or damaged "electronic data" while:

- (1) At or within 1,000 feet of each described premises is \$250,000 unless a different Limit of Insurance is shown in the Schedule for Restoration of Electronic Data – On Premises;
- (2) At each newly acquired or temporary location, or in transit, is \$50,000 unless a different Limit of Insurance is shown in the Schedule for Restoration of Electronic Data – Off Premises.

C. BLANKET COVERAGE

1. The limits shown on the Electronic Data Processing Systems Declarations applicable to Covered Property at all locations are combined in the blanket limit(s) shown in the Schedule. All other limits remain as shown on the Electronic Data Processing Systems Declarations or the Schedule.

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<i>Company Tracking Number:</i>	<i>08-F3267</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0003 Electronic Data Processing (EDP)</i>
<i>Product Name:</i>	<i>Inland Marine</i>		
<i>Project Name/Number:</i>	<i>Electronic Data Processing Systems Coverage Enhancement /08-F3267</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CNAB-125872559</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$300</i>
<i>Company Tracking Number:</i>	<i>08-F3267</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0003 Electronic Data Processing (EDP)</i>
<i>Product Name:</i>	<i>Inland Marine</i>		
<i>Project Name/Number:</i>	<i>Electronic Data Processing Systems Coverage Enhancement /08-F3267</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	10/29/2008
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Comments:

Attachment:

08-F3267 NAIC Transmittal for Arkansas0001.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div>New Business</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Renewal Business</div> <div></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
CNA Insurance Companies	218

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Continental Casualty Company	IL	20443	36-2114545	IL:
National Fire Insurance Company of Hartford	IL	20478	06-0464510	IL
American Casualty Company of Reading, PA	PA	20427	23-0342560	PA
Transportation Insurance Company	IL	20494	36-1877247	IL
Valley Forge Insurance Company	PA	20508	23-1620527	PA
The Continental Insurance Company	PA	35289	13-5010440	PA

5. Company Tracking Number	08-F3267
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Roberta F. Cooper	State Filing Consultant	312-822-4292	312-755-2394	roberta.cooper@cna.com
333 South Wabash Chicago, IL 60604				

7. Signature of authorized filer	<i>Roberta F. Cooper</i>
8. Please print name of authorized filer	Roberta F. Cooper

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	Other Commercial Inland Marine
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Contractors Equipment
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 12/01/08 Renewal: 12/01/08
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	10/27/08

19. Status of filing in domicile

☐ Not Filed

☒ Pending

☐ Authorized

☐ Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

08-F3267

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

We are filing the EDP Enhancement Endorsement in order to extend coverage to our Electronic Data Processing Systems Coverage Form (G44068-D). (G-44068-D was filed and approved under our ID # 01-F3044 approved in Arkansas on February 26, 2001.)

This endorsement will allow insured to choose additional coverage on to the Electronic Data Processing Equipment Coverage Form for Restoration of Electronic Data – On Premises and Off Premises, Blanket Limits, and also choose Agreed Value.

We respectfully request a December 1, 2008 effective date.

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:

Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	08-F3267			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Electronic Data Processing Systems Coverage Enhancement Endt.	G-300578-A	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		